

E911
CY 2006

KANSAS WIRELESS ENHANCED 911 ADVISORY BOARD
OFFICE OF THE GOVERNOR
GRANTS PROGRAM
CAPITOL, 300 SW 10TH AVENUE, STE. 212S, TOPEKA, KS 66612-1590
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PROJECTION OF FINAL EXPENDITURES

DUE OCTOBER 20, 2006

Name of Subgrantee Organization: _____

Grant Project Number: _____

Name of Individual Completing Form: _____

Phone Number: _____

1. Grant Award Amount: _____

2. Expenditures Reported First **Three** Quarters: _____

3. Projected **Fourth** Quarter Expenditures: + _____

4. Total Expenditures: = _____

5. Funds Remaining: (1 minus 4) _____

Please provide the most accurate information possible. The subgrantee will not be held to these figures if actual 4th quarter expenditures exceed projections. The subgrantee will not be penalized in subsequent years if projections reflect funds remaining at the completion of the grant project period.

For Office of the Governor Use

Rev. 1/06

Entered by:

Date:

